

-63-010735

STATE FILE NUMBER

FILED MAR 18 1963

Cape Girardeau

County Cape Girardeau

Cape Girardeau

Yes ☒ No ☐

Reside on Farm

S.E. Mo. Hospital

Yes ☒ No ☐

— *Journal of the American Medical Association*, 1964, 191: 1001-1002.

NOTES ON CONTRIBUTORS

Yes

Clarence

Otto

Childs

DEATH

March 3, 1963

IF UNDER 1 YEAR	IF UNDER 24 HR
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Months	Days	Hours	Min.
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12. CITIZEN OF WHAT COUNTRY

U.S.A.

14. NAME OF HUSBAND OR WIFE

Elizabeth Childs

17. INFORMANT	Address

Elizabeth Childs-Cape Girardeau, Mo

INTERVAL BETWEEN ONSET AND DEATH	
1	

unfused

-DUE TO

PART III. if deceased was female was there a pregnancy in last 90 days

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Month, Day, Year

STATE

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21. I attended the deceased from 2:15-6:30, to death and last saw him live on March 7-1968.
Death occurred at 1:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

21- ADDRESS	22- DATE SIGNATURE
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22C. DATE SIGNED

(State)

(31818)

pe Girardeau,

26. REGISTRAR'S SIGNATURE 

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Howard R. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.